



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Effective Date: 04/01/2004

Business ID: 211948

William M. Gardner

Secretary of State

200409204331

NORDIC VILLAGE RESORT, INC.

RR 2 RT 16

JACKSON, NH 03846

ADDRESS OF PRINCIPAL OFFICE:

RR 2 RT 16

JACKSON, NH 03846

REGISTERED AGENT AND OFFICE:

ROBERT CYR

C/O LUXURY MOUNTAIN GETAWAY ROUTE 16

JACKSON, NH 03846

ENTITY TYPE: CORPORATION

BUSINESS ID: 211948

STATE OF DOMICILE: NH

FEDERAL ID: 020474465

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME ROBERT C. CYR
STREET ROUTE 16
CITY/STATE/ZIP JACKSON, NH 03846
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Robert C. Cyr
STREET ROUTE 16
CITY/STATE/ZIP JACKSON, NH 03846
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

To be signed by an officer, Director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

REPORT FEE IS: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529